Excerpt: “Lessons Learned” from Observations and Early Findings from the Evaluation of the First Year of the Texas Home Visiting Program

September 2013
LESSONS LEARNED

Introduction

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program grant provided Texas the opportunity to create the Texas Home Visiting Program (THV). THV is a statewide program of home visiting services that is a part of an early childhood comprehensive system (ECCS) designed to support the early development of Texas children and their families. Texas also received funding to enhance THV in three ways: 1) incorporating the Early Development Instrument (EDI), 2) implementing a community level referral, matching, and intake system; and 3) improving father participation and engagement in home visiting services.

THV has completed the initial year of implementation (2012 – 2013), and each of the seven THV communities made significant progress, despite inevitable challenges to the implementation of a new statewide program. This report highlights lessons learned from the first year of implementation, and should provide helpful guidance to the communities currently participating in THV as they move forward. These lessons also apply to the state as it expands THV into new communities and more broadly to any new effort to create healthy, successful communities for children.

Five Lessons Learned

The five lessons learned highlighted in this report apply to any effort to build a statewide program that aims to provide integrated delivery of health and human services that prepare children for school. The first and most important lesson is that THV communities need clear, measurable, and easily available definitions of success, facilitating a common understanding of the purposes and goals of THV. Second, participating communities need a planning period and expectations of gradual program growth in order to implement the initiative as effectively as possible, in part because the first year of implementation is inevitably characterized by challenges and uncertainties. Third, program expectations must be communicated clearly and consistently, across all levels of THV. Fourth, data must be integrated and better understood as a tool for decision-making, not simply used as a carrot to recruit and sustain community participation. Finally, clear expectations and incentives are needed to recruit local community partners beyond those partners involved with THV, especially as communities continue to develop their ECCS.

LESSON 1: DEFINING SUCCESS IS KEY TO ACHIEVING SUCCESS

At present, HHSC, home visiting state program model leads, and THV communities do not share a common definition of successful implementation of the MIECHV grant or the THV Program. HHSC submitted a plan to implement THV with MIECHV funds to the Health Resources and Services Administration (HRSA), the responsible federal agency, in 2011. In contracts with
communities, HHSC also provided details about the various elements of the THV program that communities would be responsible to implement. These documents provided the state and communities with guidance on the goals of THV, but they were not designed to define success, leaving communities without clearly defined goals. This lack of clear objectives has led to differences in prioritization in implementation across the state. To help facilitate greater coherence of THV goals at the state and local levels, HHSC should clearly define success and priorities for those implementing THV.

Without a common definition of success and priorities, the state and community levels may fail to achieve a common vision for THV. HHSC may prioritize contractual obligations to meet specific recruitment or benchmark improvement goals, securing additional federal and state funds to expand home visiting programs, or working toward a statewide brand for THV, while community contractors might be more focused on the details of implementation and grant-related obligations such as reporting and budgeting. These goals are not mutually exclusive, but without clear prioritization, results are likely to disappoint all involved parties.

To provide an example, the state provided only broad guidance to communities on how to implement a matching system and how to design the ECCS, and this flexibility has led to variations in implementation at the local level. Although this tailoring is desirable as a response to local conditions, some of the variations may not complement the state’s long-term goals for THV, or may not fulfill grant requirements. These inefficiencies could be avoided with clear definitions of success.

**Recommendation**

*Success should be clearly defined for all of the THV elements*

To ensure that all THV contractors understand the state’s vision for THV, CFRP recommends that an explanation be provided of what successful implementation of THV looks like for each of the program elements and for the program as a whole. In a single document, HHSC should clearly delineate its vision for THV at the state and local levels, including concrete goals and definitions of success. Goals should describe their purpose, be clear and specific, and include a timeframe for completion.

CFRP also suggests that all communities be provided with step-by-step guidance on how to achieve the goal. If possible, communities should be provided with an example of a case study of a community that has reached each goal, which would provide a vision of successful implementation. Although flexibility in implementation at the community level is a valued and laudable component of THV, HHSC should define clearly which aspects of a given element are flexible and which are not.
LESSON 2: LAUNCHING NEW THV COMMUNITIES REQUIRES PLANNING TIME

When HHSC expands THV to new communities, there is a need for time to plan how all program elements will be implemented effectively. Launching a THV program requires time-consuming start-up tasks including hiring and training of staff and coordinators, budgeting, and recruiting families. Providing planning time may allow communities to develop budgets and implementation plans that use grant funds more efficiently, and may facilitate more rapid program scale-up once community contractors begin implementation.

The largest of the initial challenges that HHSC and communities faced was that HRSA began the funding cycle and expected service delivery to begin before clearly defining the requirements for the state agencies that would administer MIECHV grants. This shortened the start-up timeline for HHSC and the community contractors, and forced the contractors to begin recruiting to meet program targets before planning how to implement the program, leading to inefficiencies. HHSC also needed to quickly build program infrastructure such as benchmarks and marketing materials. The short timeline was in part unique to the first year of implementation of a new federal grant, but it brought the importance of planning time into stark relief.

As additional communities are added to THV, communities will need planning time to bring program administration on-line, as well as time to plan implementation with input from the different contractors in their community before they begin to serve families. In the first year of THV, primary contractors noted that the limited amount of time between signing a contract and being expected to serve families detracted from the organizations’ abilities to plan, budget, recruit and train staff, and develop participant recruitment strategies.

Many home visiting program coordinators noted that their budgets did not match their program needs because they were required to budget without sufficient time to become familiar with the program model curriculum. This resulted in requests for budget revisions, costing both HHSC and the communities staff time and resources.

A number of home visiting programs were unable to meet their targets for families served because of delays or difficulties in hiring and training staff and recruiting families. Some programs had excess funds at the end of the grant period because they had not reached their staff capacity, or because they were not able to enroll enough families. Recruitment difficulty was particularly a problem for HIPPY programs because it serves families during a specified time frame (October – May).

Planning time is also needed to provide time for communities to develop a coordination strategy for all THV program elements. Although Kick-Off meetings were held in each community, the meetings took place before all contractor responsibilities were clearly delineated. Communities needed time after contracts and subcontracts were signed, but before serving families, to develop their community-level mission and vision, and then create a coordinated implementation strategy.
Recommendations

When funding new THV communities, CFRP recommends that communities are provided with a minimum six-month planning period

A six-month planning period should provide sufficient time for state home visiting program leads and community contractors to prepare to implement their programs effectively. When possible, CFRP recommends that communities sign contracts six months to a year before the programs are expected to begin serving families. This will give state program model leads and community contractors time to complete administrative program launch tasks and develop a cohesive community strategy. HHSC could fund communities at a lower level during the planning period, with a focus on supporting home visiting program coordinators’ curriculum learning, hiring and training of staff, and budgeting and planning for the program.

CFRP acknowledges that this may be a challenging recommendation to implement with MIECHV communities because of federal requirements, and that there also may be limitations to implementing this recommendation with state funding. However, CFRP recommends that HHSC request that the planning period for new communities be funded with both MIECHV and state funds. If a six-month to one-year planning period is not tenable, HHSC should identify ways to provide communities with planning time within the time constraints dictated by HRSA and the state legislature.

Communities should submit a detailed year one implementation plan at the end of the planning period

At the end of the planning period, CFRP recommends that communities submit a first year implementation plan that is more detailed than their responses to the RFP. This plan may include requests for modifications to their contracts if necessary. It is natural for organizations to learn more about the program as they are planning, and the planning period may allow contractors and subcontractors to plan and budget more efficiently. Organizations that have no experience implementing home visiting programs, for example, will be able to develop a more appropriate budget once they are familiar with their curriculum and their staff has been trained.

CFRP recommends that new communities are partnered with experienced communities who can serve as mentors

CFRP recommends that HHSC leverage the experience of existing THV communities by partnering new communities with experienced THV communities who can serve as mentors during the planning period and throughout implementation. New communities should have the opportunity to visit the mentor sites during their planning period. This may improve new communities’ understandings of the THV vision, help programs develop more refined budgets, and understand the responsibilities of primary contractors and subcontractors. Ongoing relationships with mentor sites will provide communities with a source of information to troubleshoot common challenges and may alleviate the burden on HHSC to facilitate this inter-site learning.
If communities cannot be provided with a planning period, CFRP recommends that communities without existing home visiting programs be allowed to gradually set increasing enrollment targets during the first year of implementation

If a planning period cannot be provided because the federal or state guidelines are prohibitive, CFRP recommends that communities be allowed to gradually set increasing enrollment targets during the first year of implementation, to minimize the number of programs operating below capacity. Although some communities did not meet targets during the first year because they were under-staffed, other communities did not meet their targets because enrolling families took too long. Both of these scenarios resulted in inefficiencies, as home visiting programs are either putting efforts into recruitment when they do not have the capacity to serve families, or are paying staff when they do not have enough families to have them work a full caseload. Staffing and enrollment should stabilize over the course of the first year, and gradually increasing enrollment targets will allow programs to scale-up more efficiently.

LESSON 3: COMMUNICATION OF THV PROGRAM EXPECTATIONS MUST BE CONSISTENT AND CLEAR

HHSC provided THV communities with tremendous flexibility in their approaches to building each THV element. Although communities appreciate the amount of latitude HHSC provided, in some instances, they have received conflicting messages about the same issue from multiple authorized sources. This leads to confusion about what is required and what is optional. To avoid this confusion, HHSC should coordinate its message across all sources of information and all instructions to communities. HHSC and affiliates should use consistent language, instructions, and dates in all communications.

Clear guidance has been provided in some cases but not others. The technical assistance provided by UWW, for example, was clear about expectations and requirements. HHSC required each community to develop sustainability plans to ensure that the ECCS continue independent of MIECHV funding, and UWW provided communities with a guide that clearly stated what was due and when. The guide also explained who should be involved in the coalitions, how the sustainability plan should be completed, and importantly, where flexibility existed. Several communities expressed that this guide was the clearest technical assistance guidance that they had received to date.

By contrast, HHSC’s technical assistance regarding communities’ plans for engaging fathers was less clear. The requirement that communities outline a plan for engaging fathers was mentioned to communities during a training event from the National Fatherhood Initiative in April of 2013. Subsequent information was communicated by email and in one-on-one calls with communities. However, communities were unclear regarding who was supposed to develop the plan, when the plan was due, and the elements to include in the plan. One clear document that includes all instructions and deadlines, sent to all community partners at the same time may reduce miscommunication and confusion.
Communities expressed in multiple interviews with CFRP that emails and phone calls from HHSC are frequent, which is helpful, but not always clear or consistent. For example, in a conference call providing technical assistance for the matching system, HHSC would use terms like “can” and “could,” but in a subsequent email, the suggestive language was replaced by terms like “will” and “must.” This opacity made primary contractors and their subcontractors unsure of the distinction between requirements and suggestions. It is imperative that communication be clear and consistent at all levels of implementation.

**Recommendations**

**CFRP recommends that communities are provided with an operations guide**

To provide communities with clarification about THV elements, goals, and expectations, CFRP recommends that communities are provided with an operations guide. This operations guide should include detailed descriptions of each grant element, including what deliverable is required of that element, who is responsible for the deliverable, when the deliverable is due, examples of best practices, and what entity (HHSC, contractors, or subcontractors) is responsible for the technical assistance for each element of THV. CFRP provided HHSC with a draft of a guide that should be reviewed to ensure all information is consistent with HHSC’s goals for the coming year.

**CFRP recommends that communication about expectations should be provided to primary contractors and subcontractors**

To avoid miscommunication between primary contractors and subcontractors within a community, CFRP recommends that all groups involved with a deliverable be included in all communications about that deliverable. When providing instructions regarding how to meet contractual requirements, for example, primary contractors and the home visiting program coordinators should receive the same message. Including everyone in the same communication loop should help to prevent communication breakdowns within communities and ensure that all primary contractors and subcontractors are aware of program expectations and deadlines.

**LESSON 4: DATA NEED TO BE BETTER INTEGRATED AS A TOOL FOR DECISION-MAKING**

Improving the ability of communities to use data to drive decisions is a shared goal of HRSA, HHSC, and the home visiting programs. THV has provided communities with access to new data sources, specifically EDI results and home visiting benchmark data. Multiple communities reported that gathering and using those data to drive decisions has been critical to maintaining engagement of coalition members in the ECCS, and that data are central to future program improvement.

In particular, several contractors noted that the potential to use EDI results was one factor that motivated their own participation in THV. Contractors also believed the data derived from the EDI would help them to recruit members into their ECCS, noting: “what makes this [coalition] different is data...that should bring the decision makers [to the ECCS].” Although THV
contractors and subcontractors recognize the value and power of data, more work needs to be done by HHSC and their affiliates (i.e., UCLA, Cooper Consulting, CFRP) to ensure that communities are ready to use data to guide decisions.

Although UCLA has provided communities with extensive technical assistance regarding EDI data collection and use, some primary contractors have requested additional assistance to interpret their EDI reports at the local-level. Some contractors have also struggled to use their home visiting program model systems (i.e., Efforts To Outcomes [ETO] for HIPPY and NFP, Visit Tracker for PAT and EHS-HB) to enter data and build reports about their home visiting programs. Moreover, communities have not yet been trained to use the THV Benchmark Data System.

To effectively use data to drive decisions, all community contractors should have a strong understanding of the purposes and limitations of data for certain types of analyses. For example, although many communities have a strong understanding of the purposes and limitations of EDI data, others have expressed confusion over its potential uses. In particular, some community contractors believed that EDI results from 2014 might be used to assess the effectiveness of THV; however, because very few of the children participating in home visiting services will be assessed by the EDI in 2014, using EDI results for this purpose would not yield accurate results.

Data specific to the home visiting programs also has limitations that may lead to inaccurate interpretation by community contractors. Small differences that can invalidate comparisons exist in question and answer wording across home visiting program models, and even if measures were better aligned, comparisons between outcomes would still be problematic because different program models serve different populations. These fine distinctions make it even more important that the technical assistance provided clearly convey the purposes and limitations of the data and address common misconceptions.

Further, proper training is crucial because community contractors will be asked to use the home visiting data in the THV Benchmark Data System, which synchronizes data from the various home visiting program model systems, to compare home visiting program models and perform Continuous Quality Improvement (CQI).

Before beginning CQI activities, which are a requirement of grant funding, the communities will need extensive support navigating the THV Benchmark Data System. This system and corresponding technical assistance are necessary to ensure that CQI activities are effective and satisfy federal funding requirements. The Benchmark System and technical support also are necessary for the state to analyze THV outcomes across home visiting program models. Currently, community contractors have had little exposure to the THV Benchmark Data System and have little understanding what data the system contain or how these data relate to information collected by home visitors. This level of understanding will need to be improved if communities are to use THV Benchmark Data System data to compare program outcomes across home visiting program models and perform CQI.
At the state level, aligning information collected by different home visiting programs with the information required by HRSA is paramount. HHSC must ensure that HRSA required data are present in the THV Benchmark Data System and can be reported to HRSA and used by communities for CQI. Currently, a significant amount of HRSA-required data are missing from the THV Benchmark Data System. An investigation by CFRP as to why data might be missing has revealed that there are several points at which collection of information by home visitors and the THV Benchmark Data System are not seamlessly aligned.

The most important issue is that the data collected by home visitors and present in the home visiting program model data systems are not the same data requested by HRSA. For example, NFP home visitors ask participants to identify themselves by education level, but the education levels NFP uses are different than those used by HRSA. In some cases, THV Benchmark Data System changes will be able to address this misalignment. In other cases, state contractors will have to work with home visiting program models to address collection issues. These problems must be addressed before communities are asked to use these data to make decisions.

**Recommendations**

*CFRP recommends that HHSC ensures that the Texas Home Visiting data system holds accurate and required data*

More training is required before continuing with CQI to ensure that data collection by home visitors aligns with HRSA data collection requirements. Currently, the data present in the Texas Home Visiting data system do not provide sufficient information on families participating in THV and a significant amount of other HRSA-required data are missing from the THV Benchmark Data System. Without more complete data on families participating in THV, community contractors could reach inaccurate conclusions about program quality. CFRP also recommends that HHSC consider postponing CQI activities until the THV Benchmark Data System issues have been fully identified and resolved.

*Technical assistance is needed to understand required data elements*

To perform CQI and use EDI results, community contractors need to understand how data are collected, analyzed, and reported. CFRP recommends that community contractors are provided with initial in-person trainings, and access to ongoing technical assistance for each required data element. The trainings should cover various topics related to data collection, including the purpose of data collection, data collection procedures, how to use data collection software, and how to accurately interpret data in light of its limitations. HHSC has already provided various levels of technical assistance to community contractors on specific THV data elements, therefore the need for supplementary technical assistance will vary by community.

*Technical assistance is needed to understand EDI data*

Community contractors have received valuable technical assistance from UCLA on EDI implementation. In the future, the communities may need additional assistance from UCLA to
interpret the EDI results. Community contractors may also benefit from identifying local data partners who understand the local context and can help the ECCS understand and interpret EDI results.

**Technical assistance is needed to understand home visiting program model data**

Although many home visiting program coordinators feel comfortable with their home visiting program models’ data systems, others have trouble using them. CFRP recommends that HHSC or state program model leads follow up with all home visiting program model coordinators to determine if they need more technical assistance. Overall, home visiting program coordinators new to their programs stated that they would have appreciated in-person data system trainings. HHSC is working with Cooper Consulting to implement THV Benchmark Data System trainings and with CFRP to implement further home visiting data trainings during the fall of 2013. These trainings should ideally be in-person and will likely need to be supplemented with on-going technical assistance, especially as community contractors begin using the THV Benchmark Data System to perform CQI. CFRP recommends that HHSC focus heavily on ensuring that home visiting data and CQI are beneficial for community contractors.

**LESSON 5: EARLY CHILDHOOD COMPREHENSIVE SYSTEMS NEED TO BE ACTION-ORIENTED AND PROVIDE MEMBERS WITH TANGIBLE BENEFITS**

Each community successfully developed an ECCS or joined an existing coalition that shares the goal of improving the lives of children. Across most THV communities, each ECCS has a focus primarily on THV home visiting programs, and exists almost entirely due to MIECHV requirements and funding. Many community contractors cited the grant requirements for the ECCS as important to the creation and continuation of their ECCS efforts. Communities have also attributed the anticipated success of these efforts to the grant’s dedicated funding for the development of an ECCS.

As communities move forward, the focus of each ECCS needs to expand beyond home visiting programs. To be sustainable beyond MIECHV funding, each ECCS should continue to incorporate additional community partners that also seek to improve outcomes for families and children. Findings from the first year of ECCS development suggest that effective coalition recruitment and sustainability strategies include being action-oriented and providing members with tangible benefits.

Community contractors have reported that ECCS members became frustrated when they believed that the ECCS was “a lot of process without a lot of outcomes” or that the goals of the ECCS were unrealistic. Research on best practices for creating and maintaining coalitions shows that developing concrete, attainable goals for community change will be critical for THV communities as they continue to recruit additional community members in their ECCS.¹

Across communities, confusion about the purpose of the ECCS and the role of home visiting programs as they relate to existing programs made it difficult to recruit and retain ECCS participants. Clear communication about how the goals and vision of home visiting programs complement and support the goals and vision of community partners, as well as tangible
incentives for partners who will not receive MIECHV funding may help to bring a more diverse set of partners to the table. Tangible benefits offered may include access to new sources of data, the opportunity for MOUs or a strategic plan that can spur community-wide change.

**Recommendations**

*A sustainable ECCS should be action-oriented and have realistic goals*

An ECCS needs to develop action plans for bringing about desired changes in the communities that include goals and outcomes that are realistic. Focusing on achieving outcomes and having realistic goals for community change can assist in an ECCS’ efforts to recruit new members and maintain member engagement. A plan for change that members view as realistic will help increase their motivation to join and their commitment to remain engaged, which will promote the coalition’s overall sustainability.

*Sustainable coalitions should incentivize members with tangible benefits*

To be sustainable beyond the grant requirements and funding, communities need to expand their focus beyond home visiting programs and build coalitions that include a variety of early childhood program and service providers. Coalitions need to be clear not only about the value other community partners bring to the table but also about the benefits of coalition membership. Each ECCS that is participating in THV can offer community partners access to new sources of data, additional MOUs, and when action-oriented, can provide the opportunity to bring about real change in the local community.

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